

	in this information to ic												
Del	btor 1 R	ose Mary N	loore			_							
	btor 2ouse, if filing)												
Uni	ited States Bankruptcy	Court for the	EASTERN DISTRICT	OF PENNSYLVANIA	А	_							
Case number (If known) 18-18490						Che	ck if this is	:					
							= /	An amende	ed filing				
										g postpetition ollowing date:			
	Official Form 106I							MM / DD/ YYYY					
	chedule I: Yo		ome sible. If two married peo								12/1		
spo atta	ouse. If you are separa ich a separate sheet t	ated and you	are married and not filing wing spouse is not filing wing wing the top of any addition	th you, do not inclu	ıde infori	mati	on abou	it your spe	ouse. If mo	ore space is	needed,		
1.	Fill in your employr information.	ment	Debtor 1					Debtor 2	2 or non-fil	ling spouse			
	If you have more tha	n one job,		☐ Employed	I Employed			☐ Employed					
	attach a separate pa	•	Employment status	■ Not employed				☐ Not employed					
	employers.		Occupation										
	Include part-time, seasonal, or self-employed work.		Employer's name										
	Occupation may incl or homemaker, if it a		Employer's address										
			How long employed the	nere?				_					
Pai	rt 2: Give Detail	s About Mor	thly Income										
	imate monthly incomo		ate you file this form. If y	you have nothing to r	eport for	any	ine, writ	e \$0 in the	space. Inc	lude your no	n-filing		
	ou or your non-filing spore space, attach a sepa		ore than one employer, co	ombine the informatio	n for all e	emplo	oyers for	that perso	on on the lir	nes below. If	you need		
							For De	btor 1		otor 2 or ng spouse			
2.			ry, and commissions (be calculate what the monthl		2.	\$		0.00	\$	N/A			
3.	3. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	<u>-</u>		
4.	4. Calculate gross Income. Add line 2 + line 3.				4.	\$	<u> </u>	0.00	\$	N/A			

Debt	or 1	Rose Mary Moore	_	C	ase number (if kr	nown)	18-1	8490		
			=							_
					F D. bir 4			Dalitan	0	
					For Debtor 1			Debtor		
	Compiling Albana				\$ 0.00		non-filing spouse			
	Cop	y line 4 here	4.		φ <u>(</u>	0.00	\$		N/A	<u>.</u>
5.	List	all payroll deductions:								
٥.			F.o.		\$ (¢		NI/A	
	5a.	Tax, Medicare, and Social Security deductions	5a.		·	0.00	\$ \$		N/A	_
	5b.	Mandatory contributions for retirement plans	5b.		: — ·	0.00			N/A	_
	5c.	Voluntary contributions for retirement plans	5c.			0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d.		. — — — — — — — — — — — — — — — — — — —	0.00	\$_		N/A	_
	5e.	Insurance	5e.			0.00	\$_		N/A	_
	5f.	Domestic support obligations	5f.			0.00	\$		N/A	_
	5g.	Union dues	5g.			0.00	\$_		N/A	_
	5h.	Other deductions. Specify:	5h.	.+	\$	0.00	+ \$		N/A	<u>. </u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	0.00	\$		N/A	<u>-</u>
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$	0.00	\$		N/A	<u>. </u>
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$ (0.00	\$		N/A	
	8b.	Interest and dividends	8b.			0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent								_
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce	_		_		_			
		settlement, and property settlement.	8c.			0.00	\$		N/A	_
	8d.	Unemployment compensation	8d.			0.00	\$		N/A	_
	8e.	Social Security	8e.		\$ 1,770	0.00	\$		N/A	<u>. </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance								
		that you receive, such as food stamps (benefits under the Supplemental	;							
		Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ (0.00	\$		N/A	
	8g.	Pension or retirement income	— 8g.		\$ 1,817	7.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h.			0.00	+ \$		N/A	_
										_
9.	Add	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.			\$3,587.00		\$		N/A	Α
			г							
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,587.00	+ \$		N/A	= \$	3,587.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			·					
11.	Stat	e all other regular contributions to the expenses that you list in Schedule	J.							
		ide contributions from an unmarried partner, members of your household, your		ende	ents, your room	mate	s, and			
		r friends or relatives.			-					
		not include any amounts already included in lines 2-10 or amounts that are not	availa	able	to pay expens	es lis	ted in S			
	Spe	CITY:						11.	+\$	0.00
12	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.									
12.		e that amount on the Summary of Schedules and Statistical Summary of Certai								
	appl						.,	12.	\$	3,587.00
								l	Combi	nad
									Combi	nea ly income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?							,
		No.								
	$\overline{}$	Yes Explain:								I